

UTAH TELEPHONE ASSISTANCE PROGRAM (UTAP)
LIFELINE/LINK-UP –APPLICATION (Landline Only)



APPLICANT NAME (Please Print): _____ Date _____
Last First MI

ADDRESS: _____ APT. # _____ CITY _____ UT ZIP: _____

TELEPHONE: (_____) _____ TELEPHONE COMPANY: _____
Area Code Telephone Number

Is the telephone service under the applicant's name? ☐ Yes ☐ NO If no, whose name is it under? _____

If you do not currently have telephone service, you may be also eligible for LINK-UP which can give you discounts in connection and/or reconnection fees. Do you want to apply for LINK-UP? Yes ☐ No ☐ If yes, please leave a name and a telephone number where you can be reached or where a message can be retrieved so we can notify you if you are eligible. You must then order telephone service and then notify us of your new telephone number so that the discount can be applied.

Area Code Telephone Name of Contact Person (Print) E-mail (not required)

INSTRUCTIONS: The applicant for service must be the head of the household or person in whose name the property or rental agreement resides. A household member must be someone living at the property. Fill in all answers in the questionnaire below. **NOTE:** If a household member is participating in any program listed in Part A, you do NOT need to fill out Part B. After completing the application and attaching needed verifications, mail to:
Utah Dept. of Community & Culture/UTAP Program/324 South State Street, Ste. 500/Salt Lake City, UT 84111.

PART A

Please check one of the boxes below if you or someone in your household receives one of the programs listed below. If you checked at least one item below, you do not need to complete Part B. If no household member is participating in one of the programs listed below, you must complete Part B.

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Energy Assistance (HEAT/HELP) | <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Work Toward Employment | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (not reduced) | <input type="checkbox"/> Public Housing Assistance |
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) | | <input type="checkbox"/> Head Start (income qualification standard only) |

PRINT THE NAME & SOCIAL SECURITY NUMBER OF PERSON PARTICIPATING ONE OF THE ABOVE PROGRAMS

Name (please print) _____ *Social Security Number _____

OR

**Social Security information will be kept strictly confidential.*

PART B

How many people live in your household? _____ List the monthly or annual income of all members of your household: (See the reverse side of this application for the income eligibility chart and a list of acceptable verification of income documentation.) The required income documentation **must be submitted** with this application.

Source or Income	Name(s)	*Social Security Number	OR	
			Monthly\$	Yearly\$
Wages (before taxes)				
Wages (additional wage earners)				
Social Security (SSA, SSD or SSI)				
Unemployment/Worker's Comp				
Veterans Benefits				
Pension/Retirement				
Child Support/Alimony				
Other (please explain)				
Attach additional information if needed.	TOTAL All Household Amounts		\$	\$

DECLARATION: I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline and/or Link-Up) on my primary residential telephone line. I am responsible to notify UTAP if I am no longer eligible and I understand that I may have to repay the difference between the discounted and regular price.

NAME (please print) _____

Applicant Signature _____

Instructions for Part B: First look at the bottom chart to see if your telephone service provider (or the one you will need) is one that participates in UTAP. Second, for those checking Part B, review the income chart below to determine if your household's total income is at or below the 135% poverty level for the number of people living in your household. If you qualify, then look at the adjacent table to find the types of documentation you will need to attach to this application. If you have special circumstances that are not listed, feel free to write an explanation, or call if you have questions. After you gather all the documents you need, make copies (you will not get copies back), complete and sign the application on the front side, apply appropriate postage, and mail the application along with all documents to: **Utah Dept. of Community & Culture (DCC)/UTAP; 324 South State Street, Ste. 500; Salt Lake City, UT 84111.**

Telephone: 801-538-8793 or Toll-Free 1-800-948-7540; Fax: 801-538-8615.

For applicants checking Part B: 2005-06 Federal Poverty Guidelines (135% of Poverty Level)						Acceptable types of income documentation include:	
House hold Size	Monthly Income	Yearly Income		House hold Size	Monthly Income	Yearly Income	<ul style="list-style-type: none">• Divorce Decree showing alimony or child support assignment• Office of Recovery Services child support statement• Pay check stubs for three consecutive months or current year-to-date earnings statement from an employer• Retirement/Pension benefit statement• Social Security benefit statement (award letter, automatic bank deposit, 1099 Form)• Tax returns: Prior year’s state, federal or tribal• Unemployment/Worker’s Compensation benefit statement• Veterans Administration benefit statement
1	\$1,077	\$12,924		6	\$2,911	\$34,932	
2	\$1,443	\$17,316		7	\$3,278	\$39,336	
3	\$1,810	\$21,720		8	\$3,644	\$43,728	
4	\$2,177	\$26,124		9	\$4,011	\$48,132	
5	\$2,543	\$30,516		10	\$4,378	\$52,536	
Add \$366 a month for each additional household member.							

Utah Telephone Companies Participating in UTAP			
All West Communications	435-783-4361	Manti Telephone	435-835-3391
Bear Lake Communications	435-427-3331	Navajo (A Citizens Communications Co.)	1-800-871-5581
Beehive Telephone Company	435-663-0111	Qwest Communications	1-800-244-1111
Carbon Emery Telcom	435-748-2223	Skyline Telephone Co.	435-427-3331
Central Utah Telephone	435-427-3331	South Central Communications	435-826-4211
Emery Telcom	435-748-2223	Uintah Basin Telephone Assoc. (UBTA)	435-646-5007
Frontier (A Citizens Communications Co.)	1-800-921-8101	Uintah Basin Electronics & Telecommunications	435-646-5007
Gunnison Telephone Company	435-528-7236	Union Telephone	307-782-4129
Hanksville Telcom	435-748-2223		
If your telephone company is not listed above (such as Comcast), ask what discount program they may have available for low income customers.			

YOUR RIGHTS

You will be notified by mail when your application is processed.

If your application is denied, you have the right to a Fair Hearing.

You must send a written notice to the Division of Public Utilities at 160 East 300 South, 4th Floor; SLC, UT 84111 within 10 days of notification.